

# ANNUAL BUSINESS RECYCLING AND WASTE REDUCTION REPORT

Refer to the *Montgomery County Business Recycling Regulation Handbook* for guidance on completing this Report.  
Send completed Report to: Division of Solid Waste Services, Attn: SORRT, 101 Monroe Street, 6th Floor, Rockville, Maryland 20850

## Business filing this Annual Report, provide:

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person Name and Title: \_\_\_\_\_

## What is your relationship to the business(es) for whom this Annual Report is being filed?

(Check the box that corresponds to appropriate description.)

☐ I'm filing for my business at the above address only.

☐ **Property Manager** filing for one or more tenant(s) leasing property at a single site.

If address of the building occupied by your tenant(s) is different from the address provided above, provide address of building occupied by your tenant(s) covered by this Report.

☐ Business **Headquarters** filing for multiple business locations in the County.

☐ I'm a **Hauler** filing for my customer. (NOTE: One Annual Report per customer)

☐ Other. Explain relationship: \_\_\_\_\_

## LIST BUSINESS(ES) COVERED BY THIS ANNUAL REPORT, IF APPLICABLE.

BUSINESS NAME & ON-SITE CONTACT PERSON	PHONE NUMBER and ADDRESS	EMPLOYEE NUMBER	SQUARE FEET
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach a separate page for additional business(es).)

If Government Agency, check applicable: County ☐ State ☐ Federal ☐ Other \_\_\_\_\_

Total number of employees covered by this Report: \_\_\_\_\_ (Employee means person working 20 or more hours per week for more than 6 months in a calendar year.)

Total square feet of building space covered by this Report: \_\_\_\_\_ Square Feet

Total acreage of green area (landscaped and grassy area) covered by this Report, if applicable: \_\_\_\_\_ Acres

FOR DSWS USE ONLY - DO NOT WRITE BELOW THIS LINE

DIVISION OF SOLID WASTE SERVICES APPROVAL BY: \_\_\_\_\_

Date: \_\_\_\_\_

EXEMPTION STATUS: \_\_\_\_\_

**Montgomery County SORRT Program**

101 Monroe Street ■ 6th floor ■ Rockville, MD ■ 20850 ■ (240)777-6400 ■ [www.MCRecycles.org](http://www.MCRecycles.org)

## ANNUAL REPORT FOR PREVIOUS CALENDAR YEAR

PROVIDE YEAR: \_\_\_\_\_

MATERIAL (Circle type where applicable)	QUANTITY COLLECTED IN PREVIOUS CALENDAR YEAR -- Report in Pounds/Yr. (Refer to <i>Volume-Weight Conversion Chart</i> in your Handbook if needed)	Number and Size of central collection containers and number of pick-ups per month, if different from previous submission	Name and Phone Number of company hauling/handling materials	WASTE REDUCTION PROGRAM (Check if applicable & attach separate page to describe)	Check Box if Exemption Request Form is required **
<b>REQUIRED MATERIALS FOR RECYCLING, REUSE, OR BEING SOURCE REDUCED</b>					
OFFICE PAPER: White Colored Both	Pounds/Yr.				<input type="checkbox"/>
CORRUGATED CARDBOARD	Pounds/Yr.				<input type="checkbox"/>
NEWSPAPER	Pounds/Yr.				<input type="checkbox"/>
ALUMINUM CANS	Pounds/Yr.				<input type="checkbox"/>
STEEL/TIN CANS	Pounds/Yr.				<input type="checkbox"/>
PLASTIC BOTTLES (HDPE AND PETE)	Pounds/Yr.				<input type="checkbox"/>
GLASS BOTTLES & JARS	Pounds/Yr.				<input type="checkbox"/>
COMMINGLED CONTAINERS: *	Pounds/Yr.				N/A
YARD WASTE: Leaves Grass Brush	Pounds/Yr.				<input type="checkbox"/>
<b>VOLUNTARY MATERIALS FOR RECYCLING, REUSE OR BEING SOURCE REDUCED (Attach list of other materials as needed)</b>					
					N/A
					N/A
<b>SOLID WASTE FOR DISPOSAL ONLY - BELOW THIS LINE</b>					
SOLID WASTE FOR DISPOSAL (Trash)	Pounds/Yr.				N/A

\* List Container Types.

\*\* DSWS will contact you to schedule a site inspection and provide you an Exemption Request Form.

\_\_\_\_\_  
Signature of Person Completing Form\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name of Signatory and Company Name

I hereby certify that as the Corporate Officer, I am responsible for ensuring compliance with applicable County Recycling Regulation 109-92, which requires recycling and reporting by my business, and confirm that the above information is accurate.

\_\_\_\_\_  
Signature of Responsible Corporate Officer\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name of Signatory**Montgomery County SORRT Program**101 Monroe Street ■ 6th floor ■ Rockville, MD ■ 20850 ■ (240)777-6400 ■ [www.MCRecycles.org](http://www.MCRecycles.org)

